How to File A Complaint Against A Judge

These are the instructions for filing a complaint against a judge with the Arkansas Judicial Discipline and Disability Commission. If you need more forms, you can copy the attached pages or call us at the number shown below.

- 1. You may use this form to file an official complaint against a judge. Complete the form by typing or printing all the information requested. Use separate forms if you want to file complaints against more than one judge.
- 2. Make sure you include a daytime telephone number or some other number where we can reach you to discuss your complaint. If your complaint arises out of a lawsuit, you must provide your case number and the names of the attorneys who participated in the case.
- 3. Please make sure that the complaint form is complete and accurate. You may use a separate letter or the statement of facts section to explain in your own words the circumstances that led to your complaint. Be as specific as possible in describing names, places, dates, and witnesses to the actions of the judge. List all the relevant events in chronological order. Use additional sheets, if necessary, and attach copies of any documents that support your statement. If you wish to include court documents, please do not send the originals.
- 4. Sign the complaint in the space provided. However, complaints may be anonymous. Make a copy of the complaint for your records.
- 5. Mail or fax the original complaint and the statement of facts to the Commission at the following address:

Arkansas Judicial Discipline and Disability Commission 323 Center Street Suite 1060 Little Rock, Arkansas 72201 (501) 682-1050 Fax (501) 682-1049

A complaint form may also be sent by e-mail to jddc@mail.state.ar.us.

The Commission does not accept complaints by telephone.

COMMISSION RECORDS ARE CONFIDENTIAL

By Arkansas Supreme Court rule and A.C.A. '16-10-404, except for final actions taken by the Commission or if the Commission finds there is probable cause requiring a formal disciplinary proceeding, all records, files, reports, and proceedings before this Commission are confidential. This confidentiality includes information written, recorded, or orally received or developed during the course of a Commission investigation. Under this rule, any information contained in this letter or received from you is to be strictly confidential. Any person who obtains any information about the Commission's work and violates this confidentiality requirement is subject to punishment for contempt of the Arkansas Supreme Court.

Contact the Arkansas Judicial Discipline and Disability Commission at (501) 682-1050 E-Mail: jddc@mail.state.ar.us

Arkansas Judicial Discipline & Disability Commission Tower Building - Suite # 1060 - 323 Center Street Little Rock, AR 72201

Phone: (501) 682-1050 FAX: (501) 682-1049

COMPLAINT

I hereby request an investigation of		of the	
·	(judge's name)	v	
Court in	(city)	(county)	Arkansas.
On information and belief, I state that	the above-no	umed judge: (check all a	ppropriate items)
1. Has engaged in unethical	and imprope	r conduct as a judge.	
a. Partiality, bias, or pre	judice (again	st an individual or grou	(p)
b. Ex-parte (one-sided) co	ommunication	n with one or some, but	not all parties
or attorneys	•1 . 1•	1.0	
c. Conflict of interest / fa	ulure to disqu	ealify	
2. Has willfully or persistent	ly failed to pe	erform an official duty b	y;
a. Delay (includes delay i	n setting a m	atter for hearing or deci	ding a case)
b. Injudicious temperame	ent (includes j	failure to be patient, dig	nified, and
courteous or by exhibiting rud		,	
c. Abuse of judicial powe	•	knowing or persistent a	lisregard of clear
law or fundamental 1 d. Legal error / impropei	•	neludos dissatisfaction s	with court
	_	rctuaes alssausjaction \ e, criminal sentences, cu	
e. Failure to perform du		, er minut semences, en	seauj, ceeuj
f. Procedural or administ		arity	
3. Has engaged in gross <u>pers</u> prohibited charitable, bu			
4. Has used intoxicating bev	verages or da	ngerous drugs in such a	ı wav as to interfere
with the proper perform	•		, , , , , , , , , , , , , , , , , , ,
5. Has a Physical or mental duties.	disability that	t impairs the proper per	formance of official
6. Other (specify)			
			

STATEMENT OF FACTS

muicuies aisai	bility. (<u>Please ty</u>	pe or prini ie	<u>giviy.)</u>	

PLEASE DO NOT WRITE IN SPACE BELOW. ATTACH ADDITIONAL SHEET(S) IF NEEDED.

2. When and wh	nere did this happen?				
Date:	Time:	Location:			
Date:	Time:	Location:			
3. If your comple	aint arises out of a co	ourt case, please answer these questions:			
a) What is th	he name and number	of the case?			
Case name:		Case No:			
b) What kind	d of case is it?				
cri	minalsmc	all claims civil probate			
dom	estic relations	_other (specify)			
c) How are y	you interested in the c	case?			
plain	tiff / petitioner _	defendant / respondent none			
attorne	y for	witness for			
family i	member of	other (specify)			
	were represented by a ntify the attorney(s):	n attorney(s) in this matter at the time of judge's			
Name:		Name:			
Address:		Address:			
Phone:()		Phone:()			
e) Identify a	ny other attorney(s) v	who represented any other party in the case:			
Vame:		Name:			
Address:	ss: Address:				
Phone:		Phone:			
Represented:		Represented:			

4. List documents you have attached that help support your complaint that the judge has

engaged in misconduct or has a disability:	
5. List documents that are not attached by your complaint and may help in the Comm	ut will be needed by the Commission to support aission's investigation:
	s to the judge's conduct: (example: reporters, ement officers, or other attorneys, plaintiffs, at the time).
Address:	
Phone:	
	THE JUDICIAL DISCIPLINE & DISABILITY HIS REQUEST FOR INVESTIGATION ARE
<u> </u>	supported by the Statement of Facts, be investigated nmission and that appropriate action be taken.
Name:Address:	
Phone: Daytime ()	Evening ()
Signature:	Date: